

Division of Health Care Facilities

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: TN9506	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING 01 B. WING _____	(X3) DATE SURVEY COMPLETED 12/12/2011
NAME OF PROVIDER OR SUPPLIER MT JULIET HEALTH CARE CENTER		STREET ADDRESS, CITY, STATE, ZIP CODE 2650 NORTH MT JULIET ROAD MOUNT JULIET, TN 37122		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
N 832	<p>1200-8-6-.08(2) Building Standards</p> <p>(2) The condition of the physical plant and the overall nursing home environment must be developed and maintained in such a manner that the safety and well-being of residents are assured.</p> <p>This Rule is not met as evidenced by: Based on observations, it was determined the facility failed to comply with the Tennessee Department of Health Building Standards.</p> <p>The findings included:</p> <p>Observation of the staffing office, the service hall, and the beauty shop on 12/12/11 at 9:56 AM, revealed stained ceiling tiles.</p> <p>This finding was acknowledged by the administrator and verified by the director of maintenance at the exit conference on 12/12/11.</p>	N 832	<p>1200-8-6-08(2) Building Standards</p> <p><u>Requirement:</u></p> <p>The condition of the physical plant and the overall nursing home environment will be developed and maintained in such a manner that the safety and well being of residents are assured.</p> <p><u>Corrective Action:</u></p> <ol style="list-style-type: none"> 1. Stained ceiling tiles were replaced in the staffing office, the service hall and the beauty shop on 12/12/11 by the Maintenance Director. 2. The Maintenance Director conducted facility rounds on 12/13/11 to ensure ceiling tiles were free of stains. 3. The Administrator in-serviced the Maintenance Director on 12/28/11 regarding proper maintenance of ceiling tiles. 4. The Maintenance Director and Administrator will monitor for compliance through daily rounds and observation, the findings will be reported to the QA committee. 	12/28/2011

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

STATE FORM

6099

BEF521

TITLE

(X6) DATE

If continuation sheet 1 of 1